

# Designation of Department Security Officer

## **DESIGNATION** *(All fields required)*

DEPARTMENT NAME: \_\_\_\_\_

3 DIGIT DEPARTMENT CODE: \_\_\_\_ \_\_\_\_ \_\_\_\_

DESIGNATED SECURITY OFFICER NAME \_\_\_\_\_  
Last First MI

EMPLOYEE ID \_\_\_\_\_

TITLE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

TELEPHONE NUMBER (\_\_\_\_\_) \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

Please Check One:    ☐ Primary Security Officer    ☐ Back up Security Officer

## **APPROVAL** *(Both signatures are required)*

SIGNATURE OF DEPARTMENT HEAD: \_\_\_\_\_ DATE: \_\_/\_\_/\_\_

DESIGNATED SECURITY OFFICER SIGNATURE: \_\_\_\_\_ DATE: \_\_/\_\_/\_\_

**REMINDER:** Departmental Security Officer, your responsibilities include working with the management of your Department and the Security Administrator in the Office of the Comptroller to ensure that control over all security systems within your department are maintained at all times. You will be held accountable for security of statewide systems applicable to your department.

**RETURN THIS FORM TO:**

Office of the Comptroller  
Security Administrator  
One Ashburton Place 9th Floor  
Boston, MA 02108  
617-973-2687